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UNITED STATES HOUSE OF REPRESENTATIVES FOR New Members, Candidates, and	FORM B Candidates, and New Employees	LEGISLATIVE RESOURCE CENTER
Name: Kenhel Diou White Daytime Teleph		18 APR 20 PH 1: 26 /1/1
New Member of or Candidate for State: Michigan  U.S. House of Representatives District: 13  FILER Candidates – Date of Election: Nujuki 1,20/9	Check if Amendment	U.S. HOUSE OF REPRESENTATIVES (Office Use Only)
New Officer or Employee  Staff Filer Type (If Applicable):  Employing Office:  Shared  Principal Assistant	Period Covered: January 1, to	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS	TIONS	
A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	ng the reporting ugh the date of filing? Yes No No
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes No reporting period?	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	arrangement with an Yes No No
D. Did you, your spouse, or your dependent child have any reportable  Yes  No  No  No  No  No  No  No  No  No  N	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	n \$5,000 from a Yes No
ATTACH THE CORRESPONDING SCHEDULE IF YOU  THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE	HEDULE IF YOU ANSWER "YES" THAT YOU ARE REQUIRED TO COMPLETE	3" COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BO		TH OF THESE QUESTIONS
TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?	ner "excepted trusts" need not be disclosed. I	Have you excluded Yes 🔲 No 🖊
EXEMPTION – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	spouse or dependent child because they mee	et all three tests for Yes 🔲 No 🔀

## SCHEDULE A - ASSETS & "UNEARNED INCOME"

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÷8,8 if you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left. production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income and (b) any other reportable saset or source of income which generated more than \$200 in "unearned" or a detailed discussion of Schedule A requirements lease refer to the instruction booklet. to not use only ticker symbols) scome during the year. rovide complete names of stocks and mutual fund astment Fund, please check the "EIF" box. account that exceeds the reporting thresholds. all IRAs and other retirement plans (such as ank and other cash accounts, total the amount in 'erest-bearing accounts. If the total is over 1, list every financial institution where there is Assets and/or Income Sources have a privately-traded fund that is an Except ntal and other real property held for investment to a complete address or description, e.g. ownership interest in a privately-held business ownership interest in a privately-held business ownership interest in a privately-held business of the archivities, and its Divers to han \$1,000 in interest-bearing accounts property," and a city and state. not publicly traded, state the name of s, the nature of its activities, and hic location in Block A. (a) each asset held program, including the Thrift Savings Plan Your personal residence, including secon I vacation homes (unless there was renta ing the reporting period); and any financia or income derived from, a federa Simon & Schuster Mega Corp Slock BLOCK A <u>1</u>01 SOF for investment or 4 × None > specify the method used. Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please child in which you have no interest 'Column M is for assets held by your spouse or dependen be 'None.' an asset was sold during the reporting period and included only because it generated income, the value should \$1-\$1,000 63  $\overline{\mathbf{x}}$ \$1,001-\$15,000 indefinite C \$15,001-\$50-000 0 × \$50,001-\$100,000 ш Value of Asset \$100,001-\$250,000 т. BLOCK B \$250,001-\$500,000 G \$500,001-\$1,000,000 Ŧ \$1,000,001-\$5,000,000 \_ \$5,000,001-\$25,000,000 \$25,000,001-\$50,000,000 ᄌ Over \$50,000,000 \_ Spouse/DC Asset over \$1,000,000\* ኟ you Check all columns that apply. For ecounts rease that generate tax-deferred income (such as as 40(1k), IRA, or 529 accounts), you may check gathe "Tax-Deferred" column. Dividends, Citis interest, and capital gains, even if reinvested, must be disclosed as income to for assets held in taxable accounts. Check ant "None" if the asset generated no income during the reporting period. NONE × DIVIDENDS RENT Type of Income INTEREST BLOCK C CAPITAL GAINS **EXCEPTED/BLIND TRUST** TAX-DEFERRED Parmership Royalties Other Type of Income (Specify: e.g., Partnership Income or Farm Income) For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets indicate the category of income by checking the appropriate box below. Dividends, interest, and capital galins, oven if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if no income was earned or generated. Column XII is for assels held by your spouse or dependent child in which you have no interest. \$1-\$200 × <del>...</del> \$201-\$1,000 = \$1,001-\$2,500 ₹ < Current Year \$2,501-\$5,000 ≤ \$5,001-\$15,000 × ≦ \$15,001-\$50,000 ≦ \$50,001-\$100,000 \$100,001-\$1,000,000 × \$1,000,001-\$5,000,000 × Amount of Income Over \$5,000,000 ≚ BLOCK D × Spouse/DC Income over \$1,000,000\* = \$1-\$200 × \$201-\$1,000 = \$1,001-\$2,500 ₹ Preceding Year < \$2,501-\$5,000 ≤ \$5,001-\$15,000 ≤ × \$15,001-\$50,000 ≨ \$50,001-\$100,000 \$100,001-\$1,000,000 ⋝ \$1,000,001-\$5,000,000 × Over \$5,000,000 × Spouse/DC Income over \$1,000,000 ă

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

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### SCHEDULE C - EARNED INCOME

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below. **EXCLUDE**: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

Examples: Padintal Grap Source (include date of receipt for honoraria) ABC Trade Association, Baltimore, MD (July 15)
State of Manyland
Civil War Roundtable (Oct. 2)
Ontario County Board of Education (m) Spource Julany Honorarium
Salary
Spouse Speech
Spouse Salary Type **Current Year to Filing** \$20,000 Amount Preceding Year \$76,000 \$1,000

#### SCHEDULE D - LIABILITIES

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period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. "Column K is for liabilities held solely by your spouse or dependent child. Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting

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SP, DC, JT	Creditor	Date Liability Incurred MO/YR	Type of Liability	\$10,001- \$15,000	\$15,001- \$50,000	\$50,001- \$100,000	\$100,001- \$250,000	\$250,001- \$500,000	\$500,001- \$1,000,000	\$1,000,001- \$5,000,000	\$5,000,001- \$25,000,000	\$25,000,001- \$50,000,000	Over \$50,000,000	Over \$1,000,000* (Spouse/DC Liability)
·	Example First Bank of Wilmington, DE	5/98	Mortgage on Rental Property, Dover, DE	:			×							
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#### **SCHEDULE E - POSITIONS**

political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years. Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or

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#### SCHEDULE F -- AGREEMENTS

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employer.	continuation or deferral of payments by	Identify the date, parties to, and gener	
	continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in	Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment	
	vernment; or continuing participation in an employee welfare or ben		
	in an employee welfare or benefit plan maintained by a former	a leave of absence during the period of government service;	

Date	Parties to Agreement	Terms of Agreement

# SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

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	Source (Name and City/State)	Brief Description of Duties
Example:	Doe Jones & Smith, Hometown, Homestate	Accounting Services
•		

FILER NOTES (Optional)

Name: Kentrel & Worth

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